

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028511

STATE FILE NUMBER

FILED AUG 27 1958 Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution? Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pleasant Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pleasant Hill 0190
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 408 N. Jeffreys		Length of stay in lb 4 months	d. STREET ADDRESS (If outside, give location) 408 N. Jeffreys
3. NAME OF DECEASED (Type or print) First Middle Last Frank Henry Karg			4. DATE OF DEATH Month Day Year Aug. 16, 1958
5. SEX M C W	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 31, 1887
9. AGE (In years birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTHPLACE (City and state or country) Pleasant Hill, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY -----	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Karg		13b. MOTHER'S MAIDEN NAME Henrietta Pawley	14. NAME OF HUSBAND OR WIFE Ethel Johnson Karg
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 495-20-7550	17. INFORMANT Mrs. Ethel Karg Address Pleasant Hill, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Malignant Lymphoma, site undetermined, with metastases</i>			INTERVAL BETWEEN ONSET AND DEATH 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			2002
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>May 6 - 58</i> to <i>8-16-58</i> and last saw her alive on <i>8-16-58</i> . Death occurred at <i>1242 P</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. E. Kline MD</i>		22b. ADDRESS <i>Pleasant Hill, Mo</i>	22c. DATE SIGNED <i>8-18-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>8/18/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Cem Pleasant Hill</i>	23d. LOCATION (City, town, or county) (State) <i>Pleasant Hill, Missouri</i>
24. FUNERAL DIRECTOR <i>Brownfield-Stanley</i> ADDRESS <i>Pleasant Hill, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Aug. 20, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Worai Barnard</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 4 1958

RECEIVED
AUG 25 1958
CASS COUNTY
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Raymond A. Stanley*

Licensed Embalmer No. *5008*

P. O. Address *Pleasant Hill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.